

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>10/19/05</u>		2 Serial/Patent # <u>10/534677</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$50.00
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	9 03--2095		
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____		
SIGNATURE: <u>B/C</u>		PHONE: _____		
OFFICE: <u>PCT/DO/EO</u>		Repln. Ref: 10/19/2005 BCAMPBEL 0011595500		

THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: